

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

318  
FILED MAY 27 1963

Primary Registration District No.

1003

Registrar's No.

5268

STATE FILE NUMBER  
-63-022102

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST LOUIS,

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

2105 E. ALICE AVE

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI COUNTY

c. CITY  
OR TOWN

ST LOUIS,

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2105 E. ALICE AVE

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
HELENMiddle  
H.Last  
QUINN4. DATE  
OF DEATH

Month

Day  
MAY 15, 1963

Year

5. SEX  
FEMALE6. COLOR OR RACE  
WHITE7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
12/19/18959. AGE (last birthday)  
67IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
if deceased was working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
ST LOUIS MISSOURI12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

JAMES HUNT

13b. MOTHER'S MAIDEN NAME

JOSEPHINE DALEY

14. NAME OF HUSBAND OR WIFE

WILLIAM P.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

JAMES P. QUINN 7815 ATHERSTONE

18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)INTERVAL BETWEEN  
DEATH AND DEATH

NORMANDY

3 days

Coronary heart disease

Diabetes Mellitus

Atherosclerosis of the heart

PART III. If deceased (was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown

420.0

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
Month, Day, Year20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 1st to May 15 and last saw her alive on May 15-63  
Death occurred at 11:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BURIAL

5/18/63

CALVARY CEMETERY

ST LOUIS MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

STROOT - CARROLL 4600 NATURAL BRIDGE MAY 16 1963

Loan Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

*Dr. Medler*  
*EVI-2783*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*M W Ruster*

Licensed Embalmer No. \_\_\_\_\_

*4865*

P. O. Address \_\_\_\_\_

*St Louis, MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.